| I N | Agency Name WINSTON-SALEM POLICE | | | | | | | | INCIDENT/INVESTIGATION | | | | | | | OCA 2484090 | | | |
|---|--|---------|--------------------|-------------------------------------|--|---|----------------------|-------------------|------------------------|----------|------|--|-------------|--------------------------|--------------------------------|--|-----------------------|-------------------------------|--|
| C . | ORI | NC | NC 034 | | | | 1 | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | 10 | Crime I | | | │ ☐ Att │ At Found │ S M T W T F S Month Day Yr Time | | | | | | | 12 02 2024 13:47 Hrs. Last Known Secure SMTMTFS | | | | | | | |
| N T | #1 | | | | Oth | er | | _ | Com | Month | D | | | Time 5:30 Hrs | | | Day Yr | Time 16:30 Hrs. | |
| D | #2 | Crime I | ncident | • | | | | | - 1 | Location | n of | Incident | | | | | | Offense Tract | |
| A T | Crime Incident Com 147 West End Bv, Winston-saler. H 3 Crime Incident | | | | | | | | | | | | | | | | 01 7ictim Reside | ence Type | |
| A | #3 | | | | | | | Com | | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | | Forcible Yes [| X N/A | We | apon / Tools | | |
| | # of Victims Type None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Ves Unknown | | | | | | | | | | | | | | | es Unknown | | | |
| V I | | Victim/ | | igious L.E. Off Name (Last, First, | | | uty Othe | er/Un | know | n _ | | ternal Victim of | | nscious B / Age | Other Race | | r ⊠N Relationshir | | |
| C T | V1 | | | | | Crime # | | | | | 30 | race | БСА | To Offender | | | | | |
| I M | | | DA | ΓΑ OMITTED | | | | | 1 | | | $\mid W \mid$ | F | | ☐ Non-Resident☐ Unknown | | | | |
| IVI · | Home Address DATA OMI | | | | | | | | | ГТЕО | | | | | | Home Phone | | | |
| • | Employer Name/Address DATA OMI | | | | | | | | TTED | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | St | yle | Color | | Lic | :/Lis | | | | Vin | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction) | | | | | | | | | | | | | | | | | | |
| | Victim # | | Status | Value | QTY | | Property Description | | | | | | | Make/Model Serial Number | | | | | |
| | 1 | VATCH | | | | | | | | Gramin | | | ATA OMITTED | | | | | | |
| P - | | | | | | | | | | | | | | | | | T | FOR | |
| | | | | | \dashv | | | | | | | | | - | | | 1 | NFORMATION SECURITY | |
| R O | | | | | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | |
| R . | | | | | _ | | | | | | | | | | | | | NLY THE FIRST LVE PROPERTY | |
| T Y | | | | | \dashv | + | | | | | | | | | | | IWE | ITEMS ARE | |
| | | | | | | + | | | | | | | | | | | Г | OISPLAYED ON | |
| - | | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | \Box | | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | nber Veh | Conficer Signature | | <i>0</i> | | | | ı | Supervisor | Signati | ıre | | | |
| ID | WAI | DDEL | | (15882) | | Officer Signature Supervisor Signature WADDELL, J. A. (15882) | | | | | | | | | | | | | |
| | Comp | lainant | Signatur | e | | Case Status | | Case Disposition: | | | | | | | □ Ev | radition Declined | | | |
| Status | | | | | | | ☐ Closed | tive /Clea | ıred | | | Cleared | by A | rrest by And | Refuse ther Ag | gency | ooperate Г | Page 1 | |